Initial Child Visitation Report

Child's Name:	Date of Birth:	Date & Time of Visit:
Place of Visit:		
Placement Type: ____Shelter Home ____Foster Home ____Group Home ____Residential ____Parent ____Relative ____Other		
Name of Placement/Caregiver:	Address and Phone Number:	
Visit: ____Scheduled ____Unscheduled	Name of Person Conducting Visit:	
CHILD INFORMATION		
Was the child seen during the visit? ____Yes ____No	Child's appearance was: ____Appropriate ____Not appropriate Comments:	
Child's behavior was: ____age appropriate ____outgoing ____withdrawn		
Comments:		
Is this placement appropriate and appears to meet the needs of the child? ___Yes ___No If no, please explain:		
Is this child's adjustment to this placement: ____Good ____Fair ____Poor Please comment:		
Does the child have siblings? ____Yes ____No Is the child placed with his siblings? ____Yes ____No ____N/A If no, when was the last visit between the siblings?		

SCHOOL		
Does the child attend daycare/school? ____Yes ____No	Name of daycare/school:	Grade:
Is the child ESE? ____Yes ____No If yes, is there an upcoming IEP (Individualized Education Plan) meeting/additional school staffing? ____Yes ____No When? GAL able to be present? ____Yes ____No		
Child's school adjustment is: ____very good ____good ____fair ____poor Comments:		
Have there been any new incidents in school since the last visit? ____Yes ____No If yes, please comment:		

Additional Services	Needed	Provided	Comments
Daycare			
Therapeutic Daycare			
Aftercare			
Medical Treatment			
Dental Treatment			
Tutoring			
Individual Counseling			
Family Counseling			
Group Counseling			
Other In-home services			
Other:			

SAFETY
What is the condition of the home? ____Good ____Fair ____Bad Comments:

MEDICAL
Does the child appear to be healthy? ____ Yes ____No Comments:
When was the child's last doctor visit? Please give date and explanation:
When was the child's last dentist visit? ____Yes ____No Please give date and outcome: (i.e. cavities etc.)
When was the child's last eye exam? Please give date and outcome:
Child Resource Record was reviewed? ____Yes ____ No
Child Resource Record was current? ____Yes ____No If No, what needs to be updated?

Additional Comments:

Advocacy Plan/Follow up required:

_____ _____

Signature of Volunteer Date Submitted

_____ _____

Signature of supervisor Date report reviewed

FOR GAL SUPERVISOR TO COMPLETE:

Follow up required by supervisor: